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Missouri

State

Board of

Nursing

Post Office Box 656 3524A North Ten Mile Drive Jefferson City, MO 65102 (314) 751-0681

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Cheryl Primm, R.N.	Member	06/01/93
Walter Rarrick	Public Member	08/16/90
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Evelyn Talton, L.P.N.	Member	06/01/93

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Missouri State Board of Nursing



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Office Hours



Monday - Friday 8:00 a.m. - 5:00 p.m.

PHILOSOPHY FROM FLO

FLORENCE STILLMAN, R.N., M.S.N. EXECUTIVE DIRECTOR

The 80's have been characterized by some as years of quiet growth in geriatrics and geriatric nursing. It is true, the end of that decade has shown dramatic increases in the numbers of people requiring skilled care yet the early years of the decade were such that steady, quiet growth is how the 80's will be remembered. Growth has occurred because many are unable and incapable of giving the kind of care in the home that is required for the safety, security and rehabilitation of their loved ones; hospitals will no longer be reimbursed by medicare for continuous care and hospital time is in fact quite limited for many. The result has been a "Big Bang" in long term care, not solely caused by increasing needs for care of the elderly but also due to increasing needs for care for many others once previously cared for in hospitals.

There was a time when the words "Nursing Home" brought to mind visions of people who were cared for by others outside their families who showed no concern for comfort or welfare. There were visions of mistreatment, malnourishment, lack of adequate care and certainly there was no TLC. Times have changed! Nursing Homes have changed! Along with the increased need for care which incorporates nursing skills once needed only in the hospital goes a significant increase in numbers of people expecting to live long, happy and useful lives. Although the health of the elderly in general has improved greatly there are still many elderly who, merely because of their dramatic increase in numbers, require long term care of the sort that they and their families are unable to give. There are now mushrooming everywhere new modern facilities and Long Term Care is a booming industry dedicated to the care, comfort and security of many.

To accompany these changes in the Health Care industry must go changes in nursing and nursing care. Where nursing care for the elderly once was considered to be merely custodial, it has now become highly skilled responses to varied needs. Studies in Gerontology designed to help us better understand those needs and how best to respond are being conducted with a great deal of regularity and frequency. Nursing practice has begun to respond to those identified needs, as has nursing education with the result being better care for all and even greater expectations for the future.

Florence Nightingale once wrote in her book <u>Notes on Nursing</u> that nursing is a non-curative role and that as nurses "we must put the patient in the best condition for nature to act upon him". That was written years before Gerontology and Long Term Care became buzz words in nursing circles. Florence Nightingale approached the problems of health care with a perspective unique to those times. That unique approach, although not so unique today is nevertheless refreshing and useful. How better to approach the elderly and all others requiring long term care than to focus on making them comfortable and happy.

Florence Nightingale believed that the symptoms and sufferings thought to be inevitable in the disease process were related more to the lack of light, fresh air, warmth and cleanliness than to the disease process itself. Some diseases and conditions may require a greater time for healing, if they are to be cured at all. Not all diseases can be cured; not all conditions can be reversed and the longer one lives the more likely it is that will be proven. The best nursing approach to the infimilities which accompany the

PHILOSOPHY FROM FLO. CONTINUED

process of aging or to long term health care situations is to follow Florence Nightingale's beliefs and provide comfort and ease so that nature with the assistance of the physician can intervene if cure is possible.

Modern nursing however goes far beyond what Florence Nightingale taught, in that she addressed only creature comforts in recommending light, fresh air, warmth and cleanliness. It is true, they are exceedingly important but every practicing nurse also knows that the psyche or the inner-self, if ignored, can produce a real detriment to the process of healing. The nurses responsibility to patients goes far beyond physical care. The older adult may have problems with role loss and lack of reference groups. They may have received vague and inappropriate information regarding the aging process which may cause problems with maintaining identity. Certainly it becomes a progressively greater problem as each year passes for the elderly, infirm and ill to maintain autonomy and independence. Modern Nursing recognizes those needs and incorporates them into a plan of care that considers both the physical and emotional aspects of an individual. One aspect requires as much emphasis as the other.

TLC is an expression common among nurses which denotes the kind of attitude necessary to give required all-encompassing care. Nursing education attempts to teach "tender loving care" but falls short because it is far too difficult to teach an attitude. True caring and concern are probably present in an individual long before, and at times, in spite of education. Education and experience nurture and feed that caring attitude until it grows into the kind of individual who wants to care for others. TLC is not new and has been around as long as there have been nurses. All nurses appear to possess an inordinate amount of caring concern for others, unique among them, however, are those who work in Long Term Care. It requires a special person to fill the special needs of that area.

We are in the midst of a nursing shortage once again and as in the past can find no quick, easy solutions to a deep seated problem. You can help by encouraging all who possess the unique caring qualities required to consider one of the most satisfying professions, that of nursing. After all, considering that we all are growing older every day, you may be merely helping yourself.

* This article is a reprint from the Hannibal Courier-Post on May 19, 1990.

NEW BOARD APPOINTMENTS

Two Board member appointments have been made by Governor Ashcroft and confirmed by the Senate:

Cheryl Primm, R.N., Term expires - 06/01/93

Cheryl is a graduate of St. Mary's School of Nursing in Quincy, Illinois. She is presently the Director of Nursing at St. Charles Clinic in St. Charles, Missouri. Cheryl has been with St. Charles Clinic for 24 years and has held the positions of Director of Nursing, Associate Director of Nursing and has held positions in Pediatrics, Allergy and ENT Departments.

Evelyn Talton, L.P.N., Term expires 06/01/93

Evelyn is a graduate of Columbia School of Practical Nursing in Columbia, Missouri. She is presently employed at Boone Hospital Center in Columbia, Missouri. Evelyn has 28 years experience as an L.P.N and has worked the various hospital settings of Medical-Surgical, Orthopedic and Gynecology.

We are very happy to have Cheryl and Evelyn joining us and would like to "Welcome Them Aboard".

The terms of Joyce Neaves and Shael Lawson expired effective 06/01/89.

INCREASE IN NOLEX FEE

Effective October 1990, the National Council examination fee will be raised from \$35.00 to \$40.00 for RN's and LPN's. The August, 1989 Delegate Assembly approved the increase in fee due to the rising cost of preparing the exam.

The Board exam fee, which covers examination and initial licensure will remain at \$15.00 for RN's and \$10.00 for LPN's. The Missouri State Board of Nursing still remains to be the lowest fee required for exam administration in the country.

COMMENTS FROM CAROL

CAROL HARTIGAN THARP, R.N., M.A. ASSOCIATE EXECUTIVE DIRECTOR

JUST THE FAX, MA'AM. . . It seems like the current most common six little words in the English language today are, "Can I fax it to you?" In response to requests from nurses, applicants and employers, at the June, 1989 Board meeting, the members of the Board accepted a policy for the limited use of facsimile documents in licensure and education situations. We have piloted the use of the fax in licensure and have found it to be mostly satisfactory. At this time, we would like to publish this policy here in the Newsletter so that more people can benefit from its use. There are a few important things to remember:

- * So far, we do not have a way to fax fees. Most people use Western Union to transmit their fees, but this can be expensive. In some cases, it would be cheaper for the nurse to use Federal Express or some other type of overnight delivery service.
- * The Board of Nursing does not have statutory authority to make decisions concerning how fees and documents will be received for annual renewal of licenses; as pointed out in this column in the last Newsletter, the Division of Professional Registration makes those decisions. They do not desire to use fax machines for renewals.
- * The Board of Nursing has access to a fax machine, but it is located in the Division offices across the street. Because all licensure Boards are required to use the same machine, sometimes we experience a little delay. Please be patient with us.
- * We will be faxing verification of telephone authorization to begin work to employers who use this system for new hires. Those of you we have worked with before will notice this new addition to our policy.

If you have any questions about the following policy, please do not hesitate to contact our office.

POLICY FOR ACCEPTANCE OF FACSIMILE DOCUMENTS

- 1. No license to practice nursing in Missouri will be issued and no final licensure decision will be made based on a facsimile document.
- 2. No license, temporary pennit, graduate temporary pennit, letter of verification or other authorization to practice nursing in Missouri will be issued in facsimile form, with the exception of a letter verifying telephone authorization to begin employment.
- 3. Any document submitted by fax will be considered to be a true copy

COMMENTS FROM CAROL, CONTINUED

of an unaltered document.

- 4. Any document submitted by fax must also be submitted in its original or photocopied form as required by statute or rule.
- 5. The Board and/or its staff reserves the right to require an original or photocopied document to be submitted in the usual manner rather than accepting a facsimile document.
- 6. A licensure application or an annual accreditation report will be considered to be incomplete until a facsimile document is replaced by the required original or photocopied document.
- 7. After comparison of the facsimile document with the document submitted, the facsimile document will be destroyed except in cases of suspected forgery, alteration, or other misrepresentation of fact.
- 8. No annual renewal of licensure may be accomplished by fax.
- 9. The Board may fax copies of the automated renewal verification form to employers which subscribe to this service if requested. The original copy will be forwarded in the next day's mail.
- 10. Requests for Board meeting agenda items and supplemental data for consideration by the Board will be accepted by fax.
- 11. An applicant for licensure by interstate endorsement who submits to the office of the Missouri State Board of Nursing by fax:
 - a. a completed, accurate and notarized application executed on Board forms which meets the Board criteria for approval, and
 - b. a copy of a current nursing license from another state, and who has submitted the appropriate interstate licensure fee by Western Union or other electronic means may be approved for a Temporary Permit and considered eligible to begin nursing employment in Missouri.

The Board staff will telephone the prospective employer to verify that the nurse may begin employment. A letter confirming the fact that telephone permission was given will be sent by fax to the employer, or in the next day's mail if the employer does not have access to a fax machine.

When the original documents are received and evaluated in the Missouri State Board of Nursing office, if approved, a Temporary Pennit will be issued. The beginning date on the Temporary Pennit will be the date that telephone authorization to begin work was given by Board staff.

12. Authorization to work as a new graduate nurse when the employer requires a Graduate Temporary Pennit may be given when the graduate

COMMENTS FROM CAROL, CONTINUED

submits to the office of the Missouri State Board of Nursing:

a. by fax or in original form a completed, accurate and notarized application executed on Board forms which meets the Board criteria for approval, and

criteria for approval, and
b. by fax or in original form a completed Permission For Out of
State Graduates to Practice executed by the State Board of
Nursing for the state in which the examination will be written,
and

c. by mail, Western Union or other electronic means the appropriate fee for licensure by interstate endorsement, and these documents meet the Board criteria for approval.

The Board staff will telephone the prospective employer to verify that the Graduate Temporary Permit was approved. A letter confirming the fact that telephone verification of the issuance of the Graduate Temporary Permit was given will be sent by fax to the employer or in the next day's mail if the employer does not have access to a fax machine.

When the original documents are received and evaluated in the Missouri State Board of Nursing office, if approved, a Graduate Temporary Permit will be issued. The beginning date on the Graduate Temporary Permit will be the date that telephone verification of the issuance of the Graduate Temporary Permit was given.

A graduate nurse who has written the examination in another state and has received results may fax to the Board of Nursing office a copy of the passing exam results and the letter or notice which authorizes the graduate to practice in a licensed capacity in the state where she/he wrote the exam. Illinois graduates may fax results, the letter from Continental Testing Service, and Affidavit of Intention to Secure Illinois Licensure. Upon receipt and evaluation of these documents, telephone authorization to practice nursing may be given by Missouri State Board of Nursing staff for those applicants who meet all Board criteria.

The Board staff will telephone the employer to verify that the nurse may continue employment. A letter confirming the fact that telephone permission to continue employment was given will be sent by fax to the employer or in the next day's mail if the employer does not have access to a fax machine.

When the originals of these documents have been received and evaluated, if all criteria are met, a Temporary Permit will be issued with the beginning date being that date on which the facsimile documents were received and evaluated and telephone verification was given.

14. When an applicant for licensure by interstate endorsement has been working illegally before a Temporary Permit was issued, the Board

COMMENTS FROM CAROL, CONTINUED

may accept the required notarized statements from the applicant and the employer by fax. If the statements are approved, assuming that all other criteria for issuing a Temporary Permit are met, the Board staff may give telephone authorization for the applicant to return to work.

A letter confirming the fact that telephone authorization to return to work was given will be sent to the employer by fax, or in the next day's mail if the employer does not have access to a fax machine.

When the original statements and other required documents are received and evaluated in the Missouri State Board of Nursing office, if approved, a Temporary Permit will be issued. The beginning date on the Temporary Permit will be the date that telephone authorization to resume work was given by the Board staff.

- 15. Facsimile transcripts will be accepted only in the situation of a foreign-educated nurse who has been licensed by examination in another state and is applying for licensure by interstate endorsement. If all criteria are met, a Temporary Permit may be issued. The original of the transcript will be required before a license can be issued.
- 16. Facsimile endorsement forms from other State Boards of Nursing will be accepted only in the situation of an applicant who is requesting a Temporary Permit and who does not hold a current license in another state. The original of the endorsement form will be required before a license can be issued.
- A school of nursing may submit facsimile documents requested by Board representatives at the time of a school accreditation visit if they wish the Board to consider additional or clarifying information and are unable to meet the Board agenda deadline by regular mail.

1990 DATES TO REMEMBER

BOARD MEETING DATES

JANUARY 8-12, 1990 APRIL 2-6, 1990 JUNE 18-22, 1990 OCTOBER 1-5, 1990

AGENDA DEADLINES

DECEMBER 18, 1989 MARCH 12, 1990 MAY 25, 1990 SEPTEMBER 10, 1990

EXAMINATION DATE(S)	TYPE	NCLEX DEADLINE	BOARD DEADLINE
FEBRUARY 6-7, 1990	RN	DECEMBER 12, 1989	DECEMBER 22, 1989
APRIL 18, 1990	LPN	FEBRUARY 21, 1990	MARCH 2, 1990
JULY 11-12, 1990	RN	MAY 16, 1990	MAY 26, 1990
OCTOBER 16, 1990	LPN	AUGUST 21, 1990	AUGUST 31, 1990

BOOKS OF CURRENT RN'S AND LPN'S

There are books available which list all Registered Professional Nurses and Licensed Practical Nurses currently licensed in the State of Missouri. Anyone wishing a copy of one of these books must send a letter of request to:

Missouri State Board of Nursing P.O. Box 656 Jefferson City, Missouri 65102

The cost will be approximately \$22.50 for Registered Nurses and \$15.00 for Licensed Practical Nurses (cost subject to change). Send no money with letters of request; you will be billed at a later date.

EDUCATIONAL VIDEOS

There are now two educational videos available from the Board of Nursing. "The Chemically Impaired Nurse" and "Computer Adaptive Testing - CAT" may be obtained by contacting the following library systems:

Thomas Jefferson Library System 214 Adams Jefferson City, MO 314-634-2464

&

Government Services Missouri State Library System 2002 Missouri Blvd. Jefferson City, MO 65101 314-751-3615

These tapes will be available in late June. If you have any questions regarding these tapes please call 314-751-0681 for the "CAT" video and 314-751-0070 for information on "The Chemically Impaired Nurse" video.

WITHDRAWAL OF DEFINITION

By the authority vested in the Missouri State Board of Nursing under Chapter 335, RSMo (1986), the Board withdraws the following Proposed Amendment:

4 CSR 200-5.010 Definition is withdrawn

A Notice of Proposed Rulemaking containing the text of the Proposed Amendment was published in the Missouri Register on March 16, 1990 (15 MoReg 415,416).

Several comments were received and, after due consideration, the Board of Nursing withdraws its Proposed Amendment on the Definition of Advanced Practice.

The intention of the proposed amendment was to regulate titling for Advanced Practitioners. The Task Force for Advanced Practice will be holding another meeting to reconsider the issue. A survey of regulation of Advanced Practice in other states is being made by the staff and all collected information will be reviewed at that meeting.

For further information please contact Florence Stillman at 314-751-1416.

VISIT WITH VADA

VADA E. ARROWOOD, R.N., M.S.Ed. NURSING EDUCATION COORDINATOR

As I ponder the type and the numbers of complaints the Board is receiving from students/ex-students with regards to their nursing education or against a particular instructor, I try to find threads of commonalities that will provide insight into what is happening. I cannot accept that these types of complaints have been going on since "forever" and leave it at that. I feel certain that all of you have searched for explanations for similar situations. The most recent National League for Nursing conferences have included speakers who addressed the issues of adult students; their profiles, learning styles and expectations. This article is a synopsis of two presentations from the NLN Conferences.

The first presentation "Teaching Styles Versus Learning Styles" is presented by Elizabeth Clarke, MSN, RN, Assistant Vice President, Methodist Hospital School Nursing, Memphis, Tennessee. Her presentation contrasts the nursing student of today to the nursing student of twenty years ago.

TEACHING STYLES VERSUS LEARNING STYLES

Each time I attend a session similar to this one, it occurs to me that surely I have heard this all before, however, someone is always there to say it a little different or in a more meaningful way. This continues to be true with Elizabeth Clarke's presentation. One area that really seems to be giving nurse educators concerns, is the difference in today's learner and the learners of the past years. Clarke explains the profile of today's adult learner from a developmental perspective;

difference in value programming changing economic conditions multiplicity of life experience

This in itself is not terribly enlightening, but she describes the learner further in developmental levels and follows those levels with the adult learning process;

Differentiation; the adult learner looks for similar concepts through their experiences. They scan their data banks for something familiar.

Integration; they either integrate the information into existing data banks or create new ones. New information may go into short-term memory if a new file is not created. Generalization; the new information is now processed, generalized and applied. The new information becomes knowledge.

The adult learner profile impacts the learning process by;

VISIT WITH VADA, CONTINUED

Age; the older student becomes more reluctant to develop new data banks

Developmental Level; the older student can go from an independent learner to a dependent learner when the information becomes totally unfamiliar. This should help educators understand how difficult the first few courses may be for the older student.

The entire session provides insight into some of the most often expressed concerns regarding the nursing students of today. The speaker concludes with an overview of what the Adult Learner's expectations are;

of teachers;

empathy
empathetic teaching
enthusiasm
clarity
competence

of organization;

set limits and expectations direction of learning - not control provide options structure, but not devoid of independent activity

of learning options which;

promote flexibility provide some learner control promote success

the preferred learning approaches;

experience - clinical discussion participation discovery

Clarke describes what our approaches to nurse education are and could be:

The Banking Concept

teacher makes deposits one-way communication teacher makes decisions

VISIT WITH VADA, CONTINUED

The Freeing Concept

dialogue - shared power discovery both in the classroom and clinical (its O.K. to make mistakes)

with dialogue and discover, we promote;

relatedness, contextual thinking diversity moral development process and outcomes

I do not believe I have ever heard anyone provide a more realistic perspective of the principles of adult education which we know to be true. The Banking Concept does still survive in some nursing education programs, but adult students are speaking out against it more and more by challenging the system. The Board is seeing this expression in complaints of students regarding their programs.

The second presentation "Clinical Teaching: A Shared Adventure" is presented by Dr. Venner Farley, Associate Dean/Director, Health Professional, Golden West College. Dr. Farley's address is prefaced with there is a need to "reconceptualize the clinical area wherein the art of "coaching" will become part of every teacher's repertoire".

This session alone was worth the entire conference! Dr. Farley has the ability to make us laugh at ourselves, while discussing issues that are emotionally loaded. Dr. Farley stated there are three types of nursing education programs;

1. custodian; just there

2. manipulator; uses values of system to continue own priorities

3. transformer; believe they will make a difference.

She agrees with the other presenters of this conference, that the power relationships in nursing education must be changed. She adds that nursing students' greatest need is self-esteem and their greatest lack is personal and professional power.

The <u>myths</u> in nursing education include:

- 1. values; students value what teachers value for the same reasons
- 2. role models; there are a lot of good role models
- 3. punishment; heritage of punishment is dead

VISIT WITH VADA, CONTINUED

The realities of nursing education include:

- "F-word": feminism. A full fledged member of the human 1.
- powerlessness; corrupts and is contagious
- empowerment; leads to self actualization touching; physically, spiritually, emotionally, will bring 4. students to self-actualization
- attitudes: is more important than aptitude

Dr. Farley contrasts the role of the clinical instructor in terms of "mentor or tonmentor". The clinical teaching model should move from control -order-predict (COP) to acknowledge-create-empower (ACE).

important concern is increasing self-esteem through increasing socialization of roles. Such roles include;

> student - teacher student - RN student - student student - physician

Reference is made toward bringing collegiality into nursing programs. Dr. Farley has conceived a Code 13. This code is called when there is a need for nurses to support nurses. Dr. Farley feels this could be student to student, student to instructor, nurse to nurse. She concludes her presentation with a quote from Geraldine Felton, "nursing education is not for the faint of heart", referring to the present relationships between students and faculty. She adds her own "pain is inevitable, but suffering is an option" to summarize that these relationships can be more human.

Hopefully these author's ideas will either reaffirm your own concepts or provide areas for possibility thinking.

EMPLOYER ALERT

When utilizing Licensed Practical Nurses in roles that include Intravenous Therapy, the Missouri nursing license must say, "IV APPROVED". If the license does not identify the nurse as being IV Approved, you may call the Board office for verification. IV Approval/certification in another state DOES NOT automatically approve the LPN in Missouri. The LPN must take their credentials to an approved Missouri program for evaluation with the possibility of challenge or further action coming from that program.

DIRECTIONS TO BOARD MEETINGS

East of the State via I-70

Exit at Kingdom City-Highway 54 West-State Capitol Exit.

Proceed on Highway 54 (you will cross the Missouri River Bridge).

Exit at the Highway 50 East Exit.

Proceed east on Highway 50 to the Broadway Street Exit and turn left.

* (See below)

West of the State via I-70

Exit at the Highway 63 South-Jefferson City Exit (in Columbia). Proceed south on Highway 63. Exit at the Highway 54 West Exit (will cross the Missouri River Bridge). Exit at the Highway 50 East Exit. Proceed east on Highway 50 to the Broadway Street Exit and turn left. * (See below)

West of the State via Highway 50

Proceed east on Highway 50 to the Broadway Street Exit. Turn right at the stop light onto Broadway. * (See below)

East of the State via Highway 50

Proceed west on Highway 50 to the Broadway Street Exit. Turn right at the stop light onto Broadway. * (See below)

* NOTE

Continue on Broadway two (2) blocks to the corner of Broadway and High Streets. The Truman Building is on your left. The meeting is being held in Room 750. There is an Information Desk at each entrance, please ask for directions to Room 750.

Parking is <u>very</u> limited. Please allow additional time to search for parking. There are several parking lots and some on-street parking, but during business hours, they are usually occupied.

MESSAGE FROM MELINDA

MELINDA DOLAN SANDERS, R.N., M.S.N. DISCIPLINE COORDINATOR MISSOURI STATE BOARD OF NURSING

REENTRY FOR THE RECOVERING CHEMICALLY DEPENDENT NURSE

This is the fourth in a series of articles regarding chemically dependent nurses. The previous issues have focused on identification of the chemically dependent nurse, performing an intervention, and treatment options available. This issue will focus on the recovering nurse's reentry into the work place.

There probably is not an experienced director of nursing nor a nursing supervisor that has not faced the situation where an outstanding nurse is found to be chemically dependent. Most nurse executives have had experience with chemically dependent professionals who have moved from job to job because their peers failed to intervene, possibly for fear of having to report this nurse to the Board of Nursing. The irony of this situation is the Board of Nursing encourages the employer to intervene to prevent reporting of the recovering nurse to the Board. The Mandatory Reporting Rule, promulgated in response to the Tort Reform Law, stated if the employer is willing to perform an intervention and monitor the recovering nurse's treatment and recovery program via a employment contract, the nurse DOES NOT have to be reported to the Board of Nursing for possible discipline.

Terminating chemically dependent nurses without providing intervention, treatment, and monitoring options is costly to the nurse involved, the employer, and the profession. According to LaGodna and Hedrix (1989), the cost to the employer for early counseling by the nursing supervisor, an institutional investigation, termination, reporting to and participating in proceedings of the Board of Nursing, conducting conferences with the remaining staff, and hiring a replacement totals \$17,867.00. The cost to the chemically dependent nurse for lost income, court proceedings totals \$31,953.00. The professional regulatory agency's cost for investigation and hearing of this termination is estimated at \$4,300.00.

The total estimated cost per nurse is \$54,120.00 (LaGodna and Hedrix, 1989). Of this figure, 59% of the cost is borne by the nurse, 33% by the employer, and 8% by the professional regulatory agency. These figures demonstrate the value of retaining nurses whose practice has been compromised by chemical dependency, avoiding the cost of turnover and loss of experienced practitioners.

Returning to employment in nursing is usually the primary goal of a chemically dependent nurse's intervention and treatment. As the employer of a recovering nurse, you should begin planning for this nurse's return to work as soon as the nurse enters treatment. Initially, the employer should consider their facility's policy regarding professionals in recovery and your commitment to providing the best situation for the recovering nurse to work in. Conferences may be held with this nurse's peers to teach them about chemical dependency, its recovery, and allow them to express their feelings.

MESSAGE FROM MELINDA, CONTINUED

As the recovering nurse prepares for discharge from treatment, the employer may be asked to participate in a conference to discuss the treatment team's recommendations and develop an employment contract. Many programs will recommend the recovering nurse not have access to mood altering drugs for a minimum of 6 months to 1 year. Often times employers feel they can not continue to employ a nurse that can not have access to controlled drugs. However, the recovering nurse may develop a system where treatments and administering controlled drugs may be exchanged to make a more equal patient assignment. For example, the recovering nurse's peer will assume responsibility for administering any controlled drugs for recovering nurse's patient(s), and the recovering nurse will assume responsibility for treatment for the peer's patient(s). Other units may assign the charge nurse with the responsibility of administering controlled drugs to the recovering nurse's patients.

Not all recovering chemically dependent nurses are ready to return to the clinical area at the completion of treatment. Some nurses may be encouraged to assume other positions with less responsibility (i.e.: nurse aide, telemetry monitor, quality assurance, discharge planning, infectious disease, employee health, etc.) until additional recovery time is achieved. Once again, the benefit is retention of an experienced professional and providing support to the nurse.

Developing a Return-to-Work or employment contract should be done by the employer, but contain the treatment team's discharge recommendations for the recovering nurse. The contract should address the following issues:

Abstinence from all mood-altering chemicals.

2. Documentation received regularly confirming attendance and participation in Aftercare and/or outpatient counseling sessions.

3. Agreement to attend and participate in a specified number of 12-step meetings per week.

4. Compliance with any additional recommendations from the treatment

5. Agreement not to use any prescribed medications without approval of a designated primary physician who is aware of the recovering nurse's history and knowledgeable about chemical dependency.

6. Agreement to submit random urine or blood samples upon request of

the employer.

7. Assign the recovering nurse to the day shift, avoiding shift

rotation if at all possible.

8. The recovering nurse should work only on regularly assigned units, and should not be used for coverage on other units where he/she and their history may not be known, e.g., "PRN" or "floating".

9. Whenever possible, assign the recovering nurse to a unit with little or no drug availability. However, if this is not possible, utilize the "buddy system", with recovering nurse giving additional nursing care in exchange for administration of mood altering drugs.

10. Avoid high stress areas such as ICU, ER, Labor and Delivery for 6 to

12 months. Some exceptions may be considered, i.e., returning to an area where the recovering nurse is already known and accepted,

MESSAGE FROM MELINDA. CONTINUED

and/or are the primary areas of the nurse's expertise.

11. Inform the recovering nurse that failure to comply with the contract terms will result in reporting of the nurse to the Missouri State Board of Nursing.

12. Inform the recovering nurse of the consequences of his/her

resignation from the facility.

Agreement to the Return-to-Work contract sets up an open communication for the employer, counselor, and recovering nurse. The contract allows each participant to know ahead of time their responsibilities, and what the consequences of non-compliance are.

Intervening and monitoring a recovering chemically dependent nurse provides a cost savings to the employer, allows the facility to keep an experienced nurse on staff, and provides support and encouragement to the nurse throughout the recovery process.

If you have questions about any of this material, or if you or your group would be interested in a presentation on chemical dependency in nursing, please contact Melinda Dolan Sanders at 314-751-0070.

REFERENCES

- Crosby, L. and Bissell, L. (1989). To Care Enough. Minneapolis: 1. Johnson Institute.
- Haack, M. and Hughes, T. (1989). <u>Addiction in the Nursing Profession</u>. New York: Springer Publishing Company. 2.
- LaGodna, G. and Hedrix, M. (1989). Impaired Nurses: A Cost Analysis. Journal of Nursing Administration, 19, 13-18. Sullivan, E., Bissell, L. and Williams, E. (1988). Chemical 3.
- 4. Dependence in Nursing. Menlo Park: Addison-Wesley Publishing.

PROBATION COMPLETED

NAME	LICENSE NUMBER
RN'S	
Drury, Charlene Fiedler, Loretta Ann Penny Fiscus, Mary Catherine Leas, Jennifer Rittman Murphy, Howard Novinger, Patsy Rippey, Louise	105112 034969 087624 069657 067285 099815
LPN'S	
Bower, Evelyn Essary, Susan Glear, Alice Lay Henson, Carol Ann Miller Novinger, Patsy	014280 022633 026858 030405 016967

EMPLOYER ALERT THE FOLLOWING INDIVIDUALS HAVE NEVER HELD A MISSOURI NURSING LICENSE

JAMES MERKLEY

MARY ANN HUDSON

LOIS HODSON

TRACEY L. TRUMAN STEIN

ROSIE MAE HARRIS IRONS

DISCIPLINARY HEARINGS APRIL 4, 1990

- PN014956 Order dated May 25, 1990, Revoked.

 Licensee violated terms of previous discipline.
- PN028117 Order dated May 25, 1990, Revoked.

 Licensee violated terms of previous discipline.
- PN035746 Order dated May 25, 1990, Revoked.

 Licensee violated terms of previous discipline.
- RN103755 Order dated May 25, 1990, No Action, Continue discipline as set on September 22, 1989.

 Licensee violated terms of discipline set by Board on September 22, 1989.
- RN106176 Order dated May 25, 1990, No Action, Continue discipline as set on December 7, 1988.

 Licensee violated terms of probation set by Board on December 7, 1988.

CORRECTION

Park College received Continuing Accreditation Status without Recommendations from the Missouri State Board of Nursing at the January, 1990 Board Meeting.

OTHER DISCIPLINARY ACTION TAKEN BY THE BOARD

PNO42712 - Consent Agreement dated May 23, 1990, Probation for two (2) years until May 23, 1992.

Licensee previously held a Missouri L.P.N. license which was revoked on May 13, 1985 due to failure to comply with a disciplinary order. Licensee indicated a history of chemical dependency on the application and successfully wrote the NCLEX-PN examination in April, 1990.

RN053525 - Consent Agreement dated June 4, 1990, Revoked, Stayed, Suspended for one year until June 4, 1991 then Probation for two years until June 4, 1993.

Licensee terminated for coming to work under the influence of alcohol. Licensee had been having problems with alcohol for the previous four years.

Due to the amount of uncollectable instruments this Board receives the following policy went into effect on December 11, 1989:

POLICY OF THE BOARD

According to RSMo, 620.140 the Board of Nursing <u>may</u> charge a \$25.00 penalty fee in addition to the licensure fee to cover processing of uncollectable instruments. Uncollectables may be personal checks, money orders, and cashier's checks. If a licensee calls/writes our office to inform us of an uncollectable, and the certified letter notifying the licensee of the uncollectable has not been mailed to the licensee from this office, then the \$25.00 penalty fee can be waived.

After a telephone call to licensee from this office about the uncollectable and ten working days has lapsed, then the certified letter can be sent and the \$25.00 fee charged.

The Board does have statutory authority to suspend or revoke a license if the licensee fails to pay the required penalty fee.

SUMMARY OF DISCIPLINARY ACTION TAKEN BY THE MISSOURI STATE BOARD OF NURSING

NAME	TYPE	NUMBER	ACTION	EFFECTIVE DATES
Allen, Alicia Barnes, Diane Barnhurst, Katherine Bartee, Kathleen K. Bell, Vivian Benedict, Deborah Bennett, Cynthia Blossom, Mau Boone, Nancy Diane Hatton Borroum, Alice Brown Boyer-Hottinger, Pamela Sue Brainer, Janice Brombolich, Mary	LPN RN LPN RN LPN RN LPN LPN RN RN RN	040275 096192 037886 088610 042586 030814 074728 062344 040408 009993 N/A 111990 072821	Probation Revoked Probation Probation Probation Not Licens Probation	File Flagged 02/13/90 02/26/90 to 02/26/92 01/28/88 to 01/28/91 10/14/88 05/18/88 to 05/19/92 02/26/90 to 02/26/92 11/08/89 to 11/08/92 sed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Brown, Janice Buckner, Linda Buese, Marci Burgoyne, Richard Carleton, Martha Carrier, Velma Ruth Carter, Geraldean	RN RN RN RN LPN LPN	061847 068342 092973 099704 082672 035635 025574	Probation Revoked Probation Probation Probation Revoked Suspended Probation	08/22/88 to 08/22/90 10/14/88 02/15/90 to 02/15/92 02/10/88 to 02/10/91 01/16/90 to 01/16/92 09/13/89 02/23/89 to 02/23/90 02/23/90 to 02/23/92
Christeson, Katherine Clark, Kimberly (Smith) Clark, Sue	LPN RN RN	035675 079372 045475	Revoked Revoked Suspended Probation	08/05/87 to 02/05/88
Clay, Anna Clossick, Thomas	LPN LPN	018751 037953	Revoked Suspended Probation	10/20/89 02/26/90 to 08/26/90 08/26/90 to 08/26/92
Cloud, Michael Collins, Janice Cooper, Arthur Crane, Rebecca Baxter Crawford, Gloria J. Crider, Rebecca Cyprian, Glenda Dechant, Julie Deren, Tonia Sue Deyoe, Tari Ann Dignan, Nancy Dowdell, Donna Doyebi, Sherry	LPN N/A RN LPN LPN RN LPN RN RN RN RN RN RN RN RN RN RN RN RN RN	035746 N/A 085035 101965 025303 041314 088436 097261 037134 112802 100851 098666 109506	Probation	ded XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME	TYPE	NUMBER	ACTION	EFFECTIVE DATES
Dunlap, Robert Lee Eldridge, Raymond Elliott, Robert H Embree, Jerry	LPN RN RN RN	036549 079239 103754 096160		08/22/88 to 08/22/90
Evans, Deborah Evans, Walter Fanning, James Farley, Mary Kathleen Farrow, Michelle Fetters, James	RN RN RN RN RN	113249 051045 112864 112887 085540 101269	Probation Probation Probation Probation Voluntary Suspended	08/28/89 to 08/28/92 01/19/90 to 01/19/92 11/08/89 to 11/08/91 08/25/89 to 08/25/91 Surrender 09/13/88
Fletcher, Mary Mitchell Morris Flavin, Rachael Floyd, Carolyn Foster, Patti J. Foulon, Thomas, Jr. Fox, Beverly Ellerbrook Fronick, Karen Funk, Sherry Gaffney, Tina	LPN RN RN LPN RN LPN RN RN	015791 100614 084340 032577 069674 039413 062553 093729 084712	Probation Probation Revoked Probation Revoked Probation Probation Suspended	02/26/90 to 02/26/92 03/23/89 to 03/23/91 04/13/89 07/21/89 09/08/87 to 09/08/90 12/05/88 10/30/87 to 10/30/90 02/05/90 to 08/05/91 09/22/87 to 09/22/88
Gajewski, Ronald A. Gaulding, Marilyn	RN RN	071505 053525	Probation Probation Suspended	02/05/88 to 02/05/91 06/04/90 to 06/04/91
Gawlas, Robert Ghys, Barbara Gray, Stuart Guinn, Jeanette Haggard, Donald Henry, Janet Hodgson, Mary Ruth	RN RN RN RN LPN LPN RN	101324 092759 111006 091925 02405 042712 081533	Probation Probation Revoked Revoked Probation	Surrender 03/22/90 12/05/88 to 12/05/90 08/24/88 to 08/24/90 03/22/90 01/23/89 05/23/90 to 05/23/92 01/24/86 to 01/24/88
Hodson, Lois Hoffelt, Donald Hoffman, Sandra (also Sandra Hoffman Schmoe)	N/A RN LPN	N/A 088650 032816	Not Licens Voluntary	sed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Holland, Gwendolyn**	RN	095077		07/31/86 to 07/31/87 07/31/87 to 07/31/90
Houle, Patricia (also Patricia Anderson)	RN	111657	Probation	
Hudson, Mary Ann Huffman, Charles	N/A RN	N/A 042981	Suspended	sed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Hunter, Maryan Al-Ghofoor*	N/A	N/A		sed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME	TYPE	NUMBER	ACTION EFFECTIVE DATES
Irons, Rosie Mae Harris Isaacs, Kelley Jackson, Sandra Jessip, Roberta Johnston, Deborah Jones, Judith Ann Kirn, Marilyn Kirschmer, Gisela Kuehn, Mabel Kuenker, Lisa	N/A LPN RN LPN LPN LPN LPN RN RN	N/A 036243 095394 029537 029680 039321 035115 014937 059286 064126	Not Licensed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Land, Rhonda	LPN	016012	Suspended 07/25/89 to 01/25/90 Probation 01/25/90 to 01/25/92
Lawrence, Diane Lewenczuk, Marie Long, April McClain, Nadene Helton	LPN LPN RN LPN	022713 041342 058896 026753	Probation 02/07/90 to 02/07/93 Probation 12/30/88 to 12/30/90 Probation 07/22/87 to 07/22/90 Suspended 08/25/86 to 08/25/89 Probation 08/25/89 to 08/25/92
McCleary, Augustine M.	LPN	028572	Suspended 02/03/89 to 11/03/89 Probation 11/03/89 to 11/03/92
Marti, Gloria Sue Mayfield, Elizabeth Mayfield, Jennie Mealey, Kathryn Meehan, Beverly Meredith, Judith Ann Duffy Merkley, James Messic-Shadwell, Rosemary Miller, Barbara Miller, Gregory	EPN RN RN RN RN LPN N/A RN	113996 063334 112950 033421 011916 112949 109935 109586 090059 028705 N/A 079895 056488 066844 032588 043034 099683	Probation 08/21/89 to 08/21/91 Probation 02/22/89 to 02/22/91 Probation 08/25/89 to 08/25/91 Not Licensed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

^{*} Until notification is received indicating license has been cleared in: Marti, Gloria Sue . . . Florida

^{**} On Probation until Probation in Kansas is completed.

NAME	TYPE	NUMBER	ACTION	EFFECTIVE DATES
Notheis, Rose	RN	044744	Suspended Probation	01/04/89 t0 01/04/90 01/04/90 to 01/04/93
Orine, Margaret Panzica, Jamie Paradise, Maria Parker, Penny Pearre, Pam Perry, Andrew D	RN RN RN RN RN	060586 094651 103244 048257 082718 108892	Probation Probation Revoked Voluntary Probation Suspended Probation	03/23/89 to 03/23/91 08/13/87 to 08/13/90 04/13/89
Pozywio, Sandra Lynn Preston, Laura Priefer, Donmalee Misemer Respress, Renee	RN LPN N/A RN	112596 035190 N/A 094740	Probation Inactive	03/22/90 to 03/22/93 02/14/90*** ed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Reynolds, Linda Rhoads, Luella Fay Rice-Swilling, Remeal Richardson, Danita Rigby, Joan Rodewald, Martha Roelling, Sharon Rothenheber, Mary Rose Rudd, Mary Sassi, Barbara Schuster, Thomas Schwartz, Janice Scroggins, John Perry		067157 091257 070203 097945 081253 106176 098019 019806 037905 092423 081284 065512 091101	Probation Probation Inactive Probation Probation Probation	06/09/88 to 06/09/90 02/09/88 to 02/09/91 12/05/88 to 12/05/90 (see below) ** 03/24/88 to (*see below) 12/07/88 to 12/07/90 02/17/89 to 02/17/91 Surrender 12/21/89 10/20/89
Searcy, Dick Semple, Deborah Ochoa	RN RN	067578 078157	Revoked Suspended Probation	10/14/88 10/08/86 to 10/08/87 10/08/87 to 10/08/90
Shaffer, Kathleen Sharp, Marcelay	RN	081063 098336	Revoked Suspended	01/18/90 10/05/87 to 04/05/88 04/05/88 to 08/13/90
Sheppard, Ann Marie Shipman, John Walter Shipp, Judith	RN N/A RN	104403 N/A 107069		

^{**} License placed on Inactive status for two years, requires permission to reactivate, followed by two years probation.

^{***} Inactive until such time licensee presents evidence sufficient to demonstrate to the Board that the licensee can safely practice nursing.

SUMMARY OF DISCIPLINARY ACTION

NAME	TYPE	NUMBER	ACTION EFFECTIVE DATES
Sides, Lela Siler, Donna M Smith, Maryan** Smith, Michael Steadman, Wanda Steckel, Shari Stein, Tracey L. Truman Stough, Barbara	LPN LPN N/A LPN RN RN N/A	028433 032481 N/A 031266 108873 067804 N/A 096449	Probation 01/08/90 to 01/08/92 Revoked 01/18/90 Not Licensed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Sturgis, Margaret Sullivan, Linda Swartz, Marva Swiderski, Kathryn Taylor, Clarissa	LPN N/A LPN RN RN	039198 N/A 023671 073398 060815	Probation 08/10/89 to 08/10/91 Not Licensed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Thomas, Margaret	RN	103755	Suspensed 09/22/89 to 09/22/92 Probation 09/22/92 to 09/22/97
Thurman, Vera Tiller, Lillie Topping, Mary Ann	RN RN RN	031037 034770 068533	Voluntary Surrender 03/10/89 Revoked 07/21/89 Suspended 04/16/87 to 01/01/88 Probation 01/01/88 to 04/16/91
Townzen, Bruce Trankler, Glenda Trichell, Elizabeth Tweedie, Carolyn Tidmus Tye, Jennifer	RN RN RN N/A RN	094940 089685 097990 N/A 089127	Probation 12/14/88 to 12/14/90 Probation 11/16/89 to 11/16/91 Revoked 01/18/90 Not Licensed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Tyler, Alice D	LPN.	028117	Probation 11/01/87 to 08/31/91 Revoked 05/25/90 Probation 03/23/90 to 03/23/92
Urban, Anna Marie Utlaut, Sonja Vanderent, Lori	RN RN LPN	098700 091251 037161	Revoked 07/20/89 Probation 12/05/88 to 12/05/90 Suspended 12/20/88 to 12/20/90 Probation 12/20/90 to 12/20/92
Vohsen, Sharon	RN	080052	Suspended 09/10/87 to 03/10/88
Wagoner, Deborah Dee Walden, James Adair Warmboldt, Deborah	N/A RN N/A	N/A 92291 N/A	Probation 03/10/88 to 03/10/91 Not Licensed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME	TYPE	NUMBER	ACTION	EFFECTIVE DATES
Warrington, Susan Welch, Karen	RN RN	054346 092069	Revoked Suspended Probation	10/14/88 01/26/88 to 07/26/88 07/26/88 to 07/26/91
Williams, Dorothy Williams, Gwendolyn (see Ho	RN 11and	083745 Gwendolyn)	Revoked	10/14/88
Wolf, Kathleen Lane Womelduff, Sage			Revoked Suspended	10/20/89 03/14/88 to 09/14/88
Wood, Judy	RN	092715	Probation Probation	09/14/88 to 09/14/91 11/08/88 to 11/08/90
Woodson, Beverly Wrombel, Carolyn	RN	052230 042224	Probation Probation	11/02/88 to 11/02/90 11/20/89 to 11/20/91
Yocum, Paulette Lampkins Young, Suzanne	LPN	014956 024328	Revoked Probation	12/16/88 *(see below)
Zacha, Kimberly Neighbors	N/A	N/A	Not Licens	ed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

^{*}Suzanne Young, LPN 024328 Until completion of probation with the Department of Corrections.

NOTICES OF INVALID LICENSES

As of June 6, 1990 the following individuals hold an invalid 1989-1990 nursing license; these individuals are not eligible to practice nursing in the State of Missouri.

Cennak, Katherine	RN065445
Lacy, Leslie	RN045155
McGougall, Marilyn	PN039435
Rowe, Henrietta	PN039547
Tolin, Karen	RN099182
Wilson, Dawn	PN035846

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